

ATTACHMENT
D
PART 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/4/04 09:40	<p>5-Complaints of "snore apnea" x 5 days, reports having this problem x 3 years. Advises his now "snore up on me especially at night". Day rhinorrhea negative for sinusitis.</p> <p>6-Insultation, T=98.1°; PR=96/60; HR=58 bpm.</p> <p>7-prominent folliculitis on both nostrils, left more than the right; crusted nasal mucosa, present - 100%.</p> <p>8-Hypertrophic folliculitis.</p> <p>9-Refer to ENT.</p> <p>-Pt. educated on importance of follow-up.</p> <p>= Cont. Mucosolide (has supply) + fexofenadine.</p> <p>= Mometasone / Nasal spray LORTC.</p> <p>= Rx pm.</p>

H. Hargrett
Level Practitioner
Spartanburg, Virginia

PREVIOUS EDITION IS USABLE

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

12/27/05
0638

INMATE REQUEST FOR TRIAGE SERVICES

Instructions for inmate: Write name, number, unit, and work assignment at bottom of page. COMPLETE ITEMS 1-6.

3. 1. WHAT IS YOUR PROBLEM? Follow-up for Acute Sinusitis
was told to come back 5 days before med runs out

2. HISTORY OF MEDICAL PROBLEMS? (CHECK) ☐ DIABETES ☐ HYPERTENSION
☐ CARDIAC DISEASE ☐ IMMUNOCOMPROMISED ☐ ASTHMA

3. HISTORY OF MENTAL HEALTH PROBLEMS? ☐ YES ☒ NO

4. HOW LONG HAVE YOU HAD THIS PROBLEM? DAYS MONTHS YEARS 3

5. ARE YOU ON ANY MEDICATION(S)? ☒ Yes ☐ No. If yes, list names of medications.

Fluinsolide, Antibiotics

6. SIGNATURE: Myron Ward

DATE: 12/30/05

(DO NOT WRITE BELOW THIS LINE) / TO BE COMPLETED BY TRIAGE PERSONNEL

O: V/S (IF INDICATED)

B/P:

118/70 P. 07/hr

R:

TEMP:

98.3° F

A: Dr. Dennis Conger

P: APPOINTMENT DATE/TIME:

1/5/06 1000 hr

WITH:

M

TRIAGE PERSONNEL / PRIMARY CARE PROVIDER SIGNATURE/NAME STAMP:

E. Panaguiton
Mid Level Practitioner
FCC Petersburg, Virginia

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

ESN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Health Services Unit
FCC Petersburg, Virginia

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-87)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

Ward, Myron 05967-084

SN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/21/05	SD HT 354/10 / NKVD / chine 5 minutes on 10/11 x 3 1/2 years, somewhat better suntone word 07 BP 123/75 HR 70 RR 12 T 98.2 C/Ls Pt healthy / NKVD / anted 3 Examination mild desat at a palpation on right maxillary sinus / transverse poor NKVD / chine 5 minutes A) Chine 5 minutes B) Bactrim DS po t bid x 45 days / VS C) Cimetidine PR - 400mg D) Fluoride nasal spray 2 puffs each nostril bid x 30 days #1 rel E) Pt educated about C/PRE & pr / med side effects / x-ray one today possible sinusitis in right maxillary sinus / indicated antibiotic / continue other OTC meds as needed F) PR as needed for [Signature]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Wanda, Myron

05967-084

Health Services Unit-LOW
FCC Petersburg, Virginia

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

INMATE REQUEST FOR TRIAGE SERVICES

Instructions for inmate: Write name, number, unit, and work assignment at bottom of page. COMPLETE ITEMS 1-6.

S: 1. WHAT IS YOUR PROBLEM? Vase/ swelling/ sinus

2. HISTORY OF MEDICAL PROBLEMS? (CHECK) ☐ DIABETES ☐ HYPERTENSION
☐ CARDIAC DISEASE ☐ IMMUNOCOMPROMISED ☐ ASTHMA3. HISTORY OF MENTAL HEALTH PROBLEMS? ☐ YES ☒ NO

4. HOW LONG HAVE YOU HAD THIS PROBLEM? DAYS MONTHS YEARS 3

5. ARE YOU ON ANY MEDICATION(S)? ☒ Yes ☐ No. If yes, list names of medications.

Fluinsolide & saline nose spray

6. SIGNATURE: Myron Ward

DATE: 11/18/05

(DO NOT WRITE BELOW THIS LINE) / TO BE COMPLETED BY TRIAGE PERSONNEL

DATE / TIME: 11/18/05

O: V/S (IF INDICATED) B/P: 121/93 P: 69 R: 14 TEMP: 97.6

Genit -> Rt malleus / WAD / und k3

Ears -> none worn / und hyper / egypt / sinus clear
A: Sinus / Rhinitis / toilum / Newhandch

P: APPOINTMENT DATE/TIME: 11/21/05

WITH: 0900 h

TRIAGE PERSONNEL / PRIMARY CARE PROVIDER SIGNATURE/NAME STAMP:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Ward, Myron # 05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

NSN 7540-00-834-4176

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/19/06 10th	<p>5 = Adenocarcinoma of the thyroid, grades 1-2 on 2nd billberg - awaiting to see ENT O = multiple adenomas of the thyroid PR = 68mm NASH 7 prominent adenomas + nodules Thyroid - NASH Hx of hyperthyroidism re awaiting to see ENT = multiple small nodules = thyroid nodules not spray in one Only 30 days - no evidence of cancer fluid. - hyper</p>
4-21-05	
6/29/05 1525	<p>admission entry ENT consult reviewed. x-ray series done in January normal. Treat symptomatically. Cancer nurse signed up for surgical series.</p>
	<p>K. L. Laybourn, MD FCC Petersburg, Virginia</p>

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Ward, Myron
05967084

Health Services Unit-LOW
FCC Petersburg, Virginia

CHRONOLOGICAL RECORD OF MEDICAL CARE


Medical Record

STANDARD FORM 600 (REV. 6-97)
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/12/05 1000	Admin Note:- Negill meds 1) flunisolide Nasal Spray - 2 puffs each nostril 2x daily x 30 days
	 Richard S. Forth, ARN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/28/05 2835	8 th presented up north for chronic sinusitis. He was seen by Dermatologist who prescribed 2 Hydrocortisone Valium. @.
T=97.4 PE 10/1/09 PL-75	1/28/05 2mm yr
1/29/05 0915	3y 34 TI. B1M antibody, RT is acute sinus BP=89/60 PR 60 T 97.0 no plan of nose at 6 week / 1/28/05 visit A) Hemorrhoids B) Decrease 1/2 of amount of spray affected nose 2 weeks 1/15/05 Patient advised a action - see upper 9 Furk nose SL
02/09/05 1300	3) 34 yr old male H/O chronic sinusitis x 2 yrs, requesting rxn on Flunisolide 2) Alert & oriented x3. NAD. Stable gait.
BP 113/64 P 74 Temp 97.1	Nares patent @ mild maxillary sinus tenderness with palpation. Pharynx - normal. A) Chronic Rhinitis A) rxn Meele 30 - 1) Flunisolide 25mcg - 2 puffs in each nostril 2x daily 2) A pending ENT evaluation 3) Rxn as needed

NSN 7540-00-834-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/22/04 1024	<p>S: pt came down to need help to eat. due to chronic swelling of throat. pt stated also that he had no medication.</p> <p>O: BP 112/78 P: 69 T: 98'</p> <p>Food: swallow food in bulk - no more episodes are noted.</p> <p>A: chronic swelling throat.</p> <p>P: ① Normal throat swelling - use as directed in home. K6000 & 1000 ② Novalide throat spray use in each nostril 2 puffs B&B x 6000 x 1000 ③ Defend throat to eat fully ④ ptel to on medications as prescribed.</p> <p>OK PRN</p>
	<p>A. Zava, MLP FCC Petersburg-Low</p>
	<p>Admin Note: - Reg 71 med S</p> <p>1) Dibucaine ointment</p> <p>Uk</p>
11/30/04 1125	<p>Admin Note: - Reg 71 med S</p> <p>1) Dibucaine ointment</p> <p>Uk</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Ward, Myron
05967-084

FCC Petersburg-Low

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) Wilson, J. M. 11/1/1922		REGISTER NO.	WARD NO.

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/15/04 1230	S: pt. Request medication for athlete foot.
	BP 110/59 P 58 T 97.4
	Pect: body hair intact - skin in right foot. no open lesions.
	Aves: no skin lesions noted.
7/31/04	A: Fungal pedis
	P: O. Miconazole Cream apply BID in between toes x 30 days x 10 days
	O: PPE in pregnancy and use of miconazole
	E: P. P. W.
	A. Z. M. M. M.
	E. Z. M. M. M.
8/24/04	K: Allergic reaction of nasal spray, no new
1050H	complaints.
	O: Mucous, T=97.8°F; M=1/22/60; M=1/22/60
	NAN - normal nasal discharge
	Heart: regular HR
	A: 140 Chills (feverish), dyspnea/shortness
	P: Normal saline nasal spray BID 2-3 times daily
	x 10 days -
	A: Fluoride nasal spray worse x 30 days.
	2 pt. educated on proper use of
	- 9/1/04 -
	E. Panagiotou, MLP FCC Patient Care

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-20-04	Continued
2000	P (6) Educated on crime plan of case, including need doing
	side effects.
	(7) Verbalized his understanding
	(8) Sent back to his unit
	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW
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	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW
	V. Pegram, R.N. FCC Petersburg-LOW

V. Pegram
5/21/04
K.A. Laybourne, M.D.

ISN 7640-00-634-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-12-04 0830	Seen by Optometrist Rx KNO K.A. Laybourn, M.D.
5-20-04 2000	8-Immune returns from outside medical trip Underwent lymph node biopsy today. Refers that biopsy area is sore, but he is not in severe pain. Pain difficulty swallowing/breathing 0-33 y.o. ambulatory BM in NAD. Dressing dry/ intact to right side of neck. No paperwork seen from outside hospital BP 108/57 - 61 - 78° - 18. A - alteration in comfort/ skin integrity o/t biopsy P - ① Dr. Allen notified ② Tylenol #3 - Take one or two tablets three times daily as needed for pain x 4 days. ③ Keep dressing in place, clean/dry and change in 2 days. (Pass written 5-22-04 for dressing change) ④ F/U w/ Surgeon next visit (Consult written) ⑤ Notify medical dept immediately for any severe pain or bleeding not controlled w/ pressure x 5 minutes. Continued

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Ward, Myer
05967-084CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN



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DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5/5/04

1300

Admen Only

nonformulary for human use was denied by clinical director.

Amos

K.A. Laybourn, M.D.

5/12/01

1040

PHYSICAL EXAMINATION COMPLETED *for the - ap*

A. JAMES, JR., DA.
FARMINGTON, VA

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Ward, Myron
05967-084

USP LVN



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~~Low Noise - LOW~~

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1/14/04	Surgery Clinic		
1345	Seen for evaluation of lymphadenopathy, mass in the neck		
	For cervical lymph node biopsy to rule out lymphoma		
	<div style="text-align: right;">Joseph M. Fajardo, M.L.P.</div> <div style="text-align: center;"> <div>1-14-04</div> <div>W. E. Laybourn, M.D.</div> <div>Officer</div> <div>Petersburg, Virginia</div> </div>		
1/29/04 1030h	<p>3 -> Pt is 33 y/o / NKDD / Problem with nose stuffy up on/off x 1 year.</p> <p>0 -> BP 110/70 HR 74 RR 14 Temp 98.4</p> <p>Denies Pt wheezing / NO / no fever</p> <p>Exam shows NASAL turbinates hypertrophied / no sign of septal deviation</p> <p>on head exam / Ears clear / conjunctivae clear</p> <p>A -> Chronic Rhinitis</p> <p>1 -> Diphenhydramine 50mg po tid daily at bedtime on Pill Lane</p> <p>2 -> NASAL saline spray 2 puffs tid each nostril x 10 days</p> <p>3 -> Winter Sinus order</p> <p>4 -> Pt educated about Cold Rx / no side</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
Health Services Unit-LOW			
SPONSOR'S		SSN/ID NO.	RELATIONSHIP TO SPONSOR
Petersburg, Virginia			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Mandel, Myra			
05967-084			

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10/27/03 1005	Continuation: Patient advised on action & side effects of Flu on regular SIC
12/3/03 0930	Routinely to do today J. Fajardo, MD FCC Pa E. Panagiotou, MLP FCC Pa
12/29/03 0925	S = Amplicar of nasal infection 45 days D = Muculab, T = 97.1 F; M = 103/63 Ph = 88 mm NAD - 2 congested nasal mucosa throat, 8900 data Heart & lungs - WNL As upper respiratory infection Rx = Acetaminophen 325mg 2 tabs 4x daily for pain & fever + Pt educated on increase fluids - Slept E. Panagiotou, MLP FCC Pa
1/8/04 1430	S = Green's report of sinusitis, reports swollen mucosa, hemorrhoids, & bleeding. Hemis anitip O = Muculab, T = 97.30 F; M = 102/58; Ph = 84 mm NAD 2 noticed swollen external hemorrhoid, & thrombosis, not tender, & blood. Rx = External Hemorrhoid + sinusitis cont. in as directed & 30 days per - Pt educated on proper use of fluids - Slept E. Panagiotou, MLP FCC Pa

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10-24-03
1518Transferred from McKean - no physical
necessary.

mS Radford MRAS

M.B. RADFORD, MRAS
FCC PETERSBURG, VA10/27/03
1005

S: sinus infection, chronic

Pharynx: inflamed (+) scratchy throat (+) dry cough
Wt 33 7/10 BMI 18.7 in state clinic

Diagnosis

BP: 109/68

HR: 77/min

T: 97.4

Examination

Nose: congested nasal mucosa, (+) clear mucus d/c

Examination

Throat: clear (-) exudate

Examination

Chest/Lungs: clear w/ crackles

Examination

Heart: RR 32/min

Rectal Exam: (+) slight redness + swelling around rectum over
with small polyp at about 900 level.

Rx: Albuterol, chronic

Hemorrhoids

P. Increase glucocorticoids

Gargle salt-water

Methotrexate 15mg PO 3x daily for 14 days
injectionMucositis nasal spray 2 sprays in each nostril 3x
daily x 15 days

Mucositis treatment 1% lidocaine 10% benzocaine 10% day

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)RECORDS
MAINTAINED
AT:

Continued.

PATIENT'S NAME (Last, First, Middle initial)

Ward, Myron

J. Rajan, MD
FCC

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRAT

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

05967-084

DATE OF

Health Services Unit-Low
FCC Petersburg, Virginia

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 II
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10/24/03

1:05 pm

RECEIVED AT FCC PETERSBURG LOW, VIRGINIA

Intake screening completed

Present Medical Complaints

Yes

No

If yes specify *Hx of Episcleritis, Hemorrhoids*

Place in:

Chronic care clinic: *NO*

PPD status:

2/12/03

OK 0mm

If positive, date of last chest X-ray:

Medications Allergies:

Yes

No

If yes specify

Current Medications: *NONE*

If yes, specify medications issued or prescribed:

Sick call and pill line procedures explained:

Yes

No

Have you have thoughts of harming yourself

Yes

No

Referral to psychology

Yes

No

Have you tested positive for HIV?

Yes

No

Do you have Hepatitis B?

Yes

No

Have you come in contact with anyone with hepatitis B?

Yes

No

Evidence of scabies or lice?

Yes

No

Do you need information on a living will?

Yes

No

Do you need information on advance directives?

Yes

No

HOSPITAL OR MEDICAL FACILITY

FCC Petersburg Low, Virginia

SPONSOR'S NAME

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SSN/ID NO.

RELATIONSHIP TO SPONSOR

F. Bailey, RN, PHS

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Ward, Myron
05967 - 084

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1Health Services Unit-Low
FCC Petersburg, Virginia

SF 600 (Face)

SN 7540-00-634-4176

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10/22/03

Medical intake screening at FCC Petersburg Med

1730

History of medication allergies: ☒ NO YESHistory of suicidal ideation: ☒ NO YESReferred to Psychology: ☒ NO YESLice/Scabies inspection completed: ☒ YESHistory of infectious disease: TB, HIV or Hepatitis: ☒ NO YesHistory of contact with a HBV person: ☒ NO YESPPD given: ☒ NO YES 2/12/03 *omm*Labs requested: ☒ NONE CBC RPR UAPatient with living will: ☒ NO YESDo you need information on Advanced Directives: ☒ NO YESSick-call, Pill-line and Callout procedures explained: NO ☒ YESChronic care clinic referrals: *\$ hemorrhoids*Current medical complaints: *φ*Current medications: *φ**10/23/03*J.D.
Officer*Concussion*PATIENT'S IDENTIFICATION (Use this space for
chanical Imprint)RECORDS
MAINTAINED
AT:

FCC PETERSBURG, PEM

FCC Petersburg, PEM

PATIENT'S NAME (Last, First, Middle Initial)

SEX

VSOR

STATUS

RANK/GRADE

ORGANIZATION

WARD

MYRON ARVEL

05967-084

B/M/O/07-07-1970

HT/509 WT/155 HR/BK EY/BN

CUSTODY/IN

FCC Rem

IDENTIFICATION NO.

DATE OF BIRTH

OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

MAY 99

MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**


TB Clearance Yes ☒ No ☐
 1. PPD Completed: 02/12/03
 Date
 Results: 0 mm
 2. CXR Completed: _____
 Date
 Results: _____
 3. Health Authority
 Clearance: OK FOR TRANSFER
 D. Rice *[Signature]* 10/21/03
 Sign _____ Date _____
 Note:
 Date listed above must be within one year of
 this transfer.

Name Ward, Myron	Prisoner/Alien Reg.# 05967-084	D.O.B. 07/07/70
Departed From FDC PHILADELPHIA	Date Departed 10/22/03	
Destination PET	Reason for Transfer Non Medical	
Dist. Name	Dist. #	Date in Custody

Current	1.	Care Level 1	4.	
Medical	2.		5.	
Problems	3.		6.	

[illegible]

Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, whv not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, whv not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority  D. Rice		Phone Number (215) 521-4000
		Date Signed 10/21/03

BP-A659.060
MAY 99**MEDICAL SUMMARY OF FEDERAL
PRISONER/ALIEN IN TRANSIT****U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1. PPD Completed: 02/12/03 Date Results: 0 mm 2. CXR Completed: _____ Date Results: _____ 3. Health Authority Clearance: OK FOR TRANSFER D. Rice <i>DR</i> 10/21/03 sign Date Note: Date listed above must be within one year of this transfer.

Name Ward, Myron	Prisoner/Alien Reg.# 05967-084	D.O.B. 07/07/70
Departed From FDC PHILADELPHIA	Date Departed 10/22/03	
Destination PET	Reason for Transfer Non Medical	
Dist. Name	Dist. #	Date in Custody

Current 1. Care Level 1 4. _____
 Medical 2. _____ 5. _____
 Problems 3. _____ 6. _____

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
			Medication Required For Care En Route	

Additional Comments

BLOOD AND BODY FLUID PRECAUTIONS

Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, whv not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, whv not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <i>DR</i> D. Rice		Phone Number (215) 521-4000 Date Signed 10/21/03

RANSIT CDFRM

MAY 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes ☒ No
 1. PPD Completed: 2-12-03
 Date
 Results: 0x0 mm
 2. CXR Completed: _____
 Date
 Results: _____
 3. Health Authority
 Clearance: OK
2/10/16/03
 Sign Date
 Note:
 Dates listed above must be within
 one year of this transfer.

Name <i>Ward Myron</i>	Prisoner/Alien Reg # <i>05467-084</i>	D.O.B. <i>7/2/20</i>
Departed From <i>McKean</i>	Date Departed <i>10-17-03</i>	
Destination <i>Pet</i>	Reason for Transfer <i>Non Medical</i>	
Dist. Name	Dist. #	Date in Custody _/_/_

Current	1. <u>110 Epideritis</u>	4. _____
Medical	2. <u>Numbness</u>	5. _____
Problems	3. _____	6. _____

[illegible]

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority

Phone Number

Date Signed

Record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution

his form may be replicated via WP) **SIMILAR TO (USM 553)**



PRINTED ON RECYCLED PAPER

Replaces BP-S659 of '

USP Lewisburg
 Inmate Received, this date 10/17/03
 Medical History Reviewed Yes
 Evidence of lice No
 Suicidal Thoughts No
 Recent Assault, Trauma or Abuse No
 Signs and Symptoms of Infect Dse No
 Allergies to Medications No
 Medications No

2:15 p.m.

Ferdinand Alama, P.A.

10/20/03

O.K. FOR TRANSFER
 USP LEWISBURG
 MEDICATIONS YES NO

Ferdinand Alama, P.A.

10/22/03

OK for transfer
 W. Coyner, RN
 Clinical Nurse
 FCI Petersburg, PMA

U

RECEIVED AT FCI, PETERSBURG, VA
 NOT FULLY EVALUATED
 OK FOR TRANSFER

10/22/03 at 1:30

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

SYMPTOMS DIAGNOSIS TREATMENT TREATING ORGANIZATION (Sign each entry)

10/20/03

RECEIVED AT FDC PHILADELPHIA ON THIS DATE:

1815

PAIN:

0

1

2

3

4

5

☒ NO MEDICATIONS REQUIRED☐ MEDICATIONS REQUIRED (SEE BELOW)*Oriented to seek call.**[Signature]*G. Kane, NP
FDC Philadelphia

SPITAL OR MEDICAL FACILITY

FDC PHILADELPHIA

STATUS

DEPART/SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION:

(for typed or written entries, give: Name-last, first, middle; ID No or SSN;
Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

Ward, Myron
05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR
FIRM (41 CFR) 20-9.202-1

BP-S659.60 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN TRANSIT CDFRM
MAY 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1. PPD Completed: <u>2-12-03</u> Date
Results: <u>OK</u> mm
2. CXR Completed: _____ Date
Results: _____
3. Health Authority
Clearance: <u>OK</u>
Sign <u>[Signature]</u> Date <u>10/16/03</u>
Note: Dates listed above must be within one year of this transfer.

Name <u>Ward Myron</u>	Prisoner/Alien Reg. # <u>05967-084</u>	D.O.B. <u>7-12-120</u>
Departed From <u>McKean</u>	Date Departed <u>10-17-03</u>	
Destination <u>Pet</u>	Reason for Transfer <u>Non Medical</u>	
Dist. Name	Dist. #	Date in Custody <u>— / — / —</u>

Current 1. HIV Episodic 4. _____
 Medical 2. Hemorrhoids 5. _____
 Problems 3. _____ 6. _____

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
Medication Required For Care En Route				

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Sign and Print Name <u>[Signature]</u> Certifying Health Authority	Phone Number	Date <u>10/17</u>
--	--------------	-------------------

Record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring In

This form may be replicated via WP) SIMILAR TO (USM 553)



Replaces BP-SA

10/20/03
1815

RECEIVED AT FDC PHILADELPHIA
BP-149 REVIEWED
NO MAJOR MEDICAL COMPLAINT
WILL CONTINUE ABOVE RECOMMENDATIONS

HOLDOVER

Parent-C.

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10-7-03

1110hr

No show Sub Cell Appd. Rhinoids?

[Signature] PA-C

Robert E. Plotrowski, PA-C
FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 05947-084	WARD NO.

Hard, Myron

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/5/03 0730	<p>③ 4% itching in both eyes, intermittent, esp in evenings + upon arising x 2 weeks. "sleepers" in side of eye. ④ recent Hx episcleritis. These symptoms are different out of Nasalide it has helped w nasal soreness.</p> <p>④ NAD T=97.1°F</p> <p>HEENT: ④ lazy eye, right side conjunctiva - pink sclera - white turbinates: pale + 3.5/4 bilateral</p> <p>④ allergy eyes; Rhinitis</p> <p>④ #1. Vaso Clear 1-2 drops OU BID prn #1 NR. 2. 1m Ed: use of drops. 3. 1m understands Tx plan. RTC prn. #4. Nasalide 2 sprays each nostril Bid. #1 Rx 1</p>
8/5/03 Reviewed By V. Geza, PharmD	<p>Steven Labrozzi, PA-C S. Labrozzi, Physician Assistant</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
7-3-03 1435	S: C/o ongoing problem & nasal & sinus. My nose is sore and it's sharp edged, can't breathe out of nose. See K. Tj.		
	O: NAD. Temp. 97.7. Eyes & ears are clear, RM's intact. Nose: tender to manipulation bil. & erythema and pruritus (itching) bil. o/p: mucous membranes pink & moist & exudate or crusting. Neck: supple & a few shallow lymph nodes, (R med) & bil. axillae.		
	A: Chronic sinusitis		
	P: Nasal spray, 2 sprays per nostril b.i.d. #1 OK.		
	Bendaflo, 25mg q.t.d. per b.i.d. #2 OK. PR education re: nasal hygiene. Rte p.r.n. PR understood. B. hyperactive		
	<div style="text-align: right;"> BONNIE SAYLOR, CN-P CERTIFIED NURSE PRACTITIONER <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> REVIEWED BY: <i>[Signature]</i> 7/3/03 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> H. BEAM, MD FCI McKEAN </div> </div> </div>		
7/28/03 1330	Onmate Rec'd 7 pg Medical Records (Theup) H/T		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 68767-089	WARD NO.

Ward, Myron

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/11/03 1230	Inmate Rec'd 6 pgs. Medical Records (Petruzzi) # 17 T. Petruzzi, HIT
6/11/03 1100	Adm N/A (See Dr. Howard consult) Rx (1) Pred Forte \bar{t} qid OD BID x 1 wk \Rightarrow \bar{t} qid OD TID x 3 days \Rightarrow \bar{t} qid OD BID x 3 days \Rightarrow \bar{t} qid OD HS x 3 days Sched Flm appt 6/11/03 Reviewed By: [Signature] V. Geza, PharmD D. Olson, MD Clinical Director
6-17-03 0830	S: 40 "Chronic sinus problem." "Nose is always stuffy and sore." Seeks tx. Requests Acetaminophen, states cold pills "don't work they only make me sleep." O: NPD. T = 98.4. Eyes + ears: clear, TM's intact. Nose: erythema + rhinorrhea R > L. Tender to touch w/ inter maxilla. O/P: mucus pinkish mstr. Neck: supple & tender w/ thy. A: Allergic rhinitis P: I/M to take CTM's as prescribed + use nasal spray. Rtc p: Completion of Pred Forte rx for Flm. Pt. education re: warm steam mist + shower + hot tea to break up congestion, \uparrow fluids. Rtc p: I/M understands. A. Jager M.D.
	BONNIE SAYLOR, C.N.P. CERTIFIED NURSE PRACTITIONER BONNIE SAYLOR, C.N.P. CERTIFIED NURSE PRACTITIONER

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5/30/03

⑤

c/o iritated red right eye x 1 day. started last night

1125

Foreign Body sensation. Reddened eye noted today.

Works in high dust area (UNICOR)

NO PAIN.

⑥

HEENT: slight erythema of bulbar conjunctivae

② abrasions seen upon fluorescein staining.

⑦

Rx. Conjunctivitis.

⑧

1. Gentamicin Ophthalmic Drops 2 drops OD QID #1 NR.

2. IM Ed: Conjunctivitis, Hand washing, Use of a/c.

3. IM understanding of plan. KPC plan.

Reviewed By: [Signature]
V. Geza, PharmDSteven Labrozzi, PA-C
Physician Assistant

6/2/03

0730

Imitate Rec'd 3pp Medical Records [Signature] HIT

T. Petruzzi, HIT

6-5-03

0715

S: c/o Redness in R eye & pressure and "slight headache on that side." Denies pain, itching. Denies blurring, B in vision. C discharge.

O: NAD: OSI WNL. OBI: mild injection of conjunctivae.

A: Conjunctivitis - (R) eye

P: Continue meds as prescribed. Warm compresses p.r.n. - Consult c/Dr. Olson

- Consult c/ optometrist. PK education: frequent hand-washing, cool compresses, avoid touching eyes. KPC immediately if B in vision or condition c/p.r.n. PK understand. B. J. NPK

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Ward, Myron

05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5-1-03 110V	<p>S: My nose is irritated and causing alot of discomfort. I have a cough at night. The medication I was given did not work. Problem < 6 mos. "getting progressively worse."</p> <p>O: Temp 98.3, Eyes & ears: clear TM's intact. Nasal: & swollen, red appearance, tender to palpation in frontal, nasal area. Mucous & erythema rhinorhoid bil. olvi mucous pink moist. Neck: supple 5 adenopaths</p> <p>A: sinusitis & PND</p> <p>P: Amoxicillin, 500mg, 4 tabs po BID x 14 days # 288K. - H₂O - salt gargles r/b. Warm compresses to free P/D. Rtc x 10 days for Flu or parv. Pt. understands. A Sybil P-C ok nasal spray - causes burning.</p>

5/1/03
V. Geza, PharmD, RPh
Chief Pharmacist

BONNIE SAYLOR, NP
FCI MCKEAN

5-29-03 0848	<p>S: C/o congestion and swelling in nose. Can't breathe out of @ nostrils, at night "Both are clogged." Problem since last Sept. Requests relief. Also C/o cough at night.</p> <p>O: NAD. T: 97. ENT: C Erythema & congestion of nasal bil L/R.</p> <p>A: R/o allergy & congestion & cough components - PND</p> <p>P: Acetefed, 4 tabs po b.i.d. # 158K. Hot H₂O gargles in AM. Pt. education re: post-nasal drip. Rtc parv. Pt. understands & signs up</p>
-----------------	---

5/29/03
Reviewed By: V. Geza, PharmD

BONNIE SAYLOR, NP
FCI MCKEAN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

3/28/03

0600

- ③ IM requests more Defacaine for hemorrhoids
 ② Deferred } see problem list, see "1/5 5/3/02 1/30/01 etc.
 ④ Hemorrhoids
 ① 1. Defacaine 1% Ointment apply AA 2-4 times daily prn. #1 Rx
 2. FU prn via SIC

4/14/03

0800

- ③ 40 dry irritated
 nostrils.
 coughing at night.
 awakens & nasal
 congestion. when IM goes outside,
 nose opens up + there is
 some runny discharge.
 → an ongoing problem for 6-7 months.

L Labrozzi
 Steven Labrozzi, PA-C
 Physician Assistant

REVIEWED BY:

[Signature]
 3/28/03

H. BEAM, MD
 FCI MCKEAN

- ① NAD T=98.5°
 HEENT: ② tenderness to palp T/m sinuses
 TMs pearly gray
 Turbinates +3.5/4 bilat edematous/erythematous
 Oropharynx: 5 occlusives
 NECK: 2 palpable lymph nodes 2 cm rt anterior cervical chain
 LUNGS: CTA

- ① Rhinitis
 Dry Nasal Mucosa

- ② 1. CTM 4mg TPO TID prn nasal symptoms. #21 Rx5
 2. Saline Nasal Spray 2 sprays each nostril QID tpm. #1 Rx3
 3. IMED: use of medo. IM understands tx plan.
 4. RxC prn

4/14/03

[Signature] PharmD. RPh
 Jolette Gora, PharmD. RPh
 Chief Pharmacist

L Labrozzi
 Steven Labrozzi, PA-C
 Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Ward, Myron 05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/23/02 1450	<p>⑤ C/O "rash all over back & the medication given doesn't seem to be working." rash x > 1 year. used to itch, but no longer itches when Lidex used (since use of Lidex) Selsun "did not work"</p> <p>⑥ Erythema Erythema Erythema Erythema } Posterior ⑦ prominent skin pores with surrounding darkened skin. } TORO ⑧ Isolated sites of acne. ⑨ Hypopigmentation on posterior torso ⑩ Hypopigmentation on anterior torso (≈ 3 months to quarter sized lesion).</p> <p>⑪ Posterior Torso (Site of IM's complaint): Normal skin Anterior Torso: Tinea Versicolor</p> <p>⑫ 1) No further treatment needed of posterior torso 2) Keep anterior torso under surveillance. If lesions ↑ or if Sx develop, RTC via SK. 3) IM understands</p> <p style="text-align: right;">S. Labrozzi</p> <p>Reviewed by D. Olson, MD Date: 1/25/03</p> <p style="text-align: right;">Steven Labrozzi, PA-C Physician Assistant</p>
2/13/03 1005	<p>⑬ C/O feet aching x 6 months. Cramping.</p> <p>PAIN: soreness/cramping +7 or +8/10 constant, but waxes & wanes.</p> <p>PAIN ↑ w/ walking, being in Boots, standing. PAIN virtually goes away when laying down, out of BOP boots, & in slippers.</p> <p>Left Foot Pain > Right Pain Left: Cramps Rt: no cramps</p> <p>PAIN ↓ w/ removal of BOP boots & foot massage.</p> <p>⑭ Feet: Erythema Erythema Erythema Erythema } tenderness to palpation of arches Erythema Erythema Erythema Erythema } tenderness to palp base of left 5th toe.</p> <p>⑮ Foot Pain (20 Boots)</p> <p>⑯ 1. Ibuprofen 400mg TPO QID prn foot pain #30 R x 3 2. Arch supports 3. IM understands Tx plan</p> <p style="text-align: right;">S. Labrozzi</p> <p style="text-align: right;">Steven Labrozzi, PA-C Physician Assistant</p>

NSN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/16/02 0850	S: do wash on Chest + back, off + on, x last 1 year. States no relief from AF cream O: SE erythematous + hyperpigmented small mac- ulopapular lesions noted on entire back + chest. 0 pustules. 0 dx A: Dermatitis P: Vider cream #1 Apply to aa bid x 2R Pt educ. Use top. cream as directed. Skin Care discussed. Rtg prn. Pt understands Gracia Fairbanks PA Reviewed by D. Olson, MD Date: 8/16/02 GRACIA FAIRBANKS Physician Assistant

error sl 11/5

11/5/02	(3) im requests refill of Debucaine for hemorrhoids
11/5/02	(2) Deferred: see problem list } see also 9/31/02 (4) Hemorrhoids: see problem list } 12-20-01 10-12-01 9-6-01
1700	(2) 1. Debucaine Ointment 1% Apply to affected area after BMs. #1 Rx 1 2. RxC prn

11/6/02
Violette Geza, PharmD. RPh
Chief Pharmacist

A. Labrozzi
Steven Labrozzi, PA-C
Physician Assistant

Reviewed by D. Olson, MD
Date: 11/6/02

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT MC Kean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
WARD NO.			

Ward Myron
05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
20 Dec 1140	<p>(cont.) Rectally to ca b.m. #7. Kx1, Metamucil, 1 Tbsp. in 8 oz of H₂O q p.m. #1, OK</p> <p>PT education: bowel movements. Rtc as needed or when bleeding for observation.</p> <p>Lab. CBC. PT understands. Bonnie Saylor NP</p> <p>BONNIE SAYLOR, NP FCI MCKEAN</p> <p>Reviewed by D. Olson, MD Date: 12/20/05</p>
11 Apr 1215	<p>S: C/o wash on back & rear. "It itches sometimes." "I would like some cream."</p> <p>O: NAD. Diffuse, hyperpigmented rash across back.</p> <p>A: time reversed</p> <p>P: Micomazole #1, apply to AA's b.i.d. R x 2. PT education re: skin care. Rtc prn. PT understands. Bonnie Saylor, NP</p> <p>BONNIE SAYLOR, NP FCI MCKEAN</p> <p>Reviewed by D. Olson, MD Date: 4/11/06</p>
31 May 0220	<p>S: C/o continued rash on back - Olan not helping. Also requests tx for hemorrhoid pain.</p> <p>O: NAD. Hyperpigmented rash across upper & mid back. Rectal deferred.</p> <p>A: time; h/o hemorrhoid</p> <p>P: Mycelid #1, apply to AA b.i.d. (R x 2)</p> <p>Dibucaine ointment #1, apply A + P q BM R x 3</p> <p>HC Supp #10, insert p q painful BM, K x 1. PT education re: Skin Care. Rtc prn. PT understands. Bonnie Saylor NP</p> <p>BONNIE SAYLOR, NP FCI MCKEAN</p> <p>Reviewed by D. Olson, MD Date: 5/31/06</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/23/01 1325	S: c/o soreness in mid back from doing pull-ups. Also c/o rash on back & chest O: (+) tenderness mid back on palp. edema, erythema, ecchymosis. Hyperpigmented annular patches noted on back & mid chest A: Tinea versicolor. Muscle strain mid back P: Tylenol 500mg #20 ti Q8h prn x OR Selenium Sulfide lotion #1 apply, leave on 10min & rinse x IR. Use biweekly Pt educ. Take use med as directed. R/O prn. Pt understands Gracia Fairbanks PA
	Reviewed by D. Olson, MD Date: 10/24/01
	Gracia Fairbanks, MLP

20 Dec 01 1140	S: c/o bleeding hemorrhoids. Afraid he "will get sickle-cell anemia from bleeding so much." Pt. states the hemorrhoids "only come out @ night." O: NAD. No evidence of external or internal hemorrhoids visible or palpable. No evidence of bleeding. A: Hemorrhoids? P: Diltiazem, #1, w/phys to RA P & BM. Hydrocortisone Acetate, 25mg. Insert & supps (cont)		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FBI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 05967-084	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

Ward, Myron
05967-084

10/15/01

Case 1:04-cv-00011-SJM-SPB Document 46-6

Filed 02/15/2006

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FOOD HANDLER

PHYSICAL

1100

S: Changes in physical health: ☒O: Cough? ☒Fever? ☒Night Sweats? ☒Skin rash/lesion? ☒Hands? ☒

Temp: 96.1°F

B/P: 122/74

Pulse: 78

Resp: 18

Weight: 157#

Throat: clear

wnl?

yes other:

Respiratory: LSC

wnl?

yes

other:

Cardiac: S, S₂

wnl?

yes

other:

PPD date: 2/01

positive/negative

CXR date: N/A

positive/negative

Other: (tattoos, evidence of IVDA) ☒

A: EHM?

other:

P: 1) OK for Food Service? ☒

no

2) If not OK, schedule for MD evaluation (reason):

3) Pt. Education:

handwashing
hygieneVoiced
understandingReviewed by D. Olson, MD
Date: 10/15/01

Sandra L. Rimor, RN

PATIENT'S IDENTIFICATION (Use this space for Mechanical nprint)

RECORDS
MAINTAINED
AT:

FCI McLean

PATIENT'S NAME (Last, First, Middle initial)

Ward Myron

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

05967-084

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by A and ICMR
FPMR 101-11.45-025